



**CANDIDATE'S STATEMENT OF ORGANIZATION AND  
DESIGNATION OF PRINCIPAL COMMITTEE OR EXPLORATORY COMMITTEE**

**(CFA-1)**

State Form 4604 (R12/9-09)  
Indiana Election Commission (IC 3-9-1-3; IC 3-9-1-4; IC 3-9-1-5)

**PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK. SEE INSTRUCTIONS ON REVERSE SIDE.**

**FILE NUMBER**

1. IS THIS AN AMENDMENT? ☒ No ☐ Yes If Yes, please enter the file number in this box →

**SECTION A. CANDIDATE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.**

2. Last Name Beals		First Name Steven		Middle Name Alexander	Nickname Steve	3. Type of Committee (Check one) <input checked="" type="checkbox"/> Candidate's Principal Committee <input type="checkbox"/> Exploratory Committee	
4. Mailing Address 2917 Anniston Drive				5. FAX (Optional) ( ) N/A		6. E-mail Address (Optional) sbeals@lee-associates.com	
7. City Indianapolis	State IN	ZIP Code 46227	8. County Marion	9. Telephone (Day) (317) 590-3295		10. Telephone (Evening) (317) 590-3295	
11. Party Affiliation <input type="checkbox"/> Democratic <input type="checkbox"/> Libertarian <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Other				12. Office Sought (Include district number, if any. Not required for an exploratory committee.) Southport Council - At Large			

**SECTION B. COMMITTEE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.**

13. Full Name of Committee (Do not abbreviate) <input type="checkbox"/> Check if this is a new name Steve Beals for Southport Council							
14. Mailing Address <input type="checkbox"/> Check if this is a new address 2917 Anniston Drive				15. FAX (Optional) ( ) N/A		16. E-mail Address (Optional) sbeals@lee-associates.com	
17. City Indianapolis	State IN	ZIP Code 46227	18. County Marion	19. Telephone (317) 590-3295		20. Committee Organization Date (MM-DD-YY) 02-04-15	
21. Chairperson's Full Name <input checked="" type="checkbox"/> Designate Candidate as Chairperson <input type="checkbox"/> Check if this is a new chairperson Steven Alexander Beals							
22. Mailing Address <input type="checkbox"/> Check if this is a new address 2917 Anniston Drive				23. FAX (Optional) ( ) N/A		24. E-mail Address (Optional) sbeals@lee-associates.com	
25. City Indianapolis	State IN	ZIP Code 46227	26. County Marion	27. Telephone (Day) (317) 590-3295		28. Telephone (Evening) (317) 590-3295	
29. Bank or Other Depositories (List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.) Regions							
30. Exploratory Committee (Give brief statement explaining purpose of an exploratory committee only.)				31. Salaries and Reimbursements (Will the committee pay the candidate a salary or reimbursement for lost wages? If Yes, attach a copy of the contract.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

**SECTION C. APPOINTMENT OF TREASURER (IC 3-9-1-14)**

32. I, as Chairperson of the foregoing committee, appoint the following person as Treasurer of the Committee. Steven Alexander Beals			Signature of the Committee Chairperson <i>Steven G. Beals</i>			
33. Treasurer's Full Name <input checked="" type="checkbox"/> Designate candidate as treasurer <input type="checkbox"/> Check if this is a new treasurer Steven Alexander Beals						
34. Mailing Address <input type="checkbox"/> Check if this is a new address 2917 Anniston Drive			35. FAX (Optional) ( ) N/A		36. E-mail Address (Optional) sbeals@lee-associates.com	
37. City Indianapolis	State IN	ZIP Code 46227	38. County Marion	39. Telephone (Day) (317) 590-3295		40. Telephone (Evening) (317) 590-3295

**SECTION D. ACCEPTANCE OF APPOINTMENT (IC 3-9-1-15)**

41. I give notice that I accept the duties and responsibilities of Treasurer of this Committee. I am not the chairperson of a campaign finance committee (except as permitted for a candidate committee under IC 3-9-1-7).

Signature of Person Accepting Appointment

**SECTION E. CERTIFICATION OF STATEMENT**

We certify as the candidate and the duly appointed Chairperson of the Committee and that we have examined this statement. To the best of our knowledge and belief it is true, correct and complete.

42. Typed or Printed Name of Chairperson Steven Alexander Beals	Signature of Chairperson <i>Steven G. Beals</i>	Date (MM-DD-YY) 02-04-15
43. Typed or Printed Name of Candidate Steven Alexander Beals	Signature of Candidate <i>Steven G. Beals</i>	Date (MM-DD-YY) 02-04-15

**Warning:** State law requires that any change in this information be reported within 10 days of the change (IC 3-9-1-10). A person who knowingly files a fraudulent report commits a Class D felony (IC 3-14-1-13). A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor (IC 3-14-1-14), and may be subject to civil penalties (IC 3-9-4-16, IC 3-9-4-17, and IC 3-9-4-18).

**FOR OFFICE USE ONLY**

**FILED**

FEB 05 2015

*Myra A. Eldridge*